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38834 7590 01/13/2005					ave its own certificate	of mailing or transmission.	<u>.</u>	
WESTERMAN, HATTORI, DANIELS & ADRIAN, I 1250 CONNECTICUT AVENUE, NW SUITE 700 WASHINGTON, DC 20036				I S a t	Cen hereby certify that the states Postal Service valdressed to the Mai ransmitted to the USP	tificate of Mailing or Transis Fee(s) Transmittal is bein with sufficient postage for fit I Stop ISSUE FEE address TO (703) 746-4000, on the or	g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.	
04/14/2005 MBEYENE2 0	0000135 10619483	. 2 2005	, <u>p</u>				(Depositor's name)	
01 FC:1501 1400.00 UP APR 1 3 2005 02 FC:1504 300.00 UP APR 1 3 2005 03 FC:8001 9.00 UP				ł			(Signature)	
APPLICATION NO.	FILING DATE	TRADE WARST NAMED INV			OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/619,483	07/16/2003	2044	Takeshi Shioga			030844	7273	
title of invention: Semiconductor device with Capacitor (as amended)								
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUI	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$300	\$1700	04/13/2005	
EXAMINER		ART UNIT		CL	ASS-SUBCLASS	J		
FORDE, REMMON R		2826			257-777000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Westerman, Hattori, Daniels & Adrian, LLP Daniels & Dan					
	D RESIDENCE DATA TO B s an assignee is identified be a 37 CFR 3.11. Completion					nee is identified below, the	document has been filed for	
(A) NAME OF ASSIGN	B) RESIDENCE: (CITY and STATE OR COUNTRY)							
FUJITSU LIMITED			Kawasaki, Japan					
lease check the appropriate	e assignee category or category	ories (will not be pri	nted on the p	oatent):	☐ Individual ☎ C	orporation or other private gr	roup entity Government	
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Advance Order - # of Copies3			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2866 (enclose an extra copy of this form).					
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Authorized Signature	John [>	 	_	Date	April 13, 20	05	
Typed or printed nameJohn_P. Kong			Registration No. 40,054					
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